



ARKANSAS STATE POLICE

ASP-40C
(05/01)

Regulatory Services Section Concealed Handgun License Replacement Application Form

The applicant, by completing this form, swears or affirms that he/she is in compliance with and meets all the qualifications to hold a license to carry a concealed handgun under the laws of the State of Arkansas.

PLEASE TYPE OR PRINT LEGIBLY

Name: _____ Date Of Birth: _____
(First/MI/Last Name) (Month/Day/Year)

Present Physical Address: _____
(Street Number, Rural Route & Box Number, etc.) (P.O. Box Is **NOT** A Physical Address)

(City) (State) (Zip Code)

Present Mailing Address: _____
(Street Number, Rural Route & Box Number, etc.)

(City) (State) (Zip Code)

Home Phone Number: () Work Phone Number: ()

Driver's License Or I.D.
Number: _____
(State) (Number) (Expiration Date)
(Month/Day/Year)

Concealed Handgun License Number: _____ Expiration Date: _____
(Month/Day/Year)

Please indicate below the reason you are applying for a "Replacement License".

- ☐ "Change of Address": Make sure your **NEW** address is listed above. Enclose a copy of your new Arkansas Drivers License or I.D. Card with your new address and a copy of your Concealed Handgun License with old address.
- ☐ "Change of Name": Enter your previous name: _____. Enclose a copy of your new Arkansas Drivers License or I.D. Card with your new name and a copy of your Concealed Handgun License with old name.

☐ "Change To": Restricted _____ Unrestricted _____ . Enclose "Certificate of Training" page from
instructor showing type of handgun you are qualified to carry.

☐ "License Was": _____ Lost _____ Destroyed _____ . Location (if known) _____
Stolen _____
_____. Date (if known) _____ .
Enclose "Certificate of Training" page from instructor showing type of handgun you are qualified to carry.

As of August 1999 a change in the law wherein specific handgun information (except the TYPE) will no longer be required on the license. The TYPE of information was not retained in the files of license holders because of the requirements in the law to destroy all handgun information. Your new license will either be:

"RESTRICTED – NO SEMI-AUTOMATICS"
"UNRESTRICTED – ANY LEGAL HANDGUN"

NOTE: Providing false information on this form is a violation of Arkansas law and is punishable as set forth in ACA 5-73-305. The applicant hereby states under oath that the representations made herein are true and correct.

Signature of Applicant: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

This form **MUST** be notarized before submittal to the Arkansas State Police Regulatory Services Section (Notary Seal must be capable of being copied.)

State Of _____ }

County Of _____ }

Subscribed and sworn before me a notary public in and for the county aforesaid

Thi _____ day of _____, 20____
s _____

Notary Public Signature: _____ My commission expires: _____
(First/MI/Last Name) (Month/Day/Year)

YOU MUST ENCLOSE THE FOLLOWING WITH THIS APPLICATION

1. A copy of your Concealed Handgun License.
2. A copy of your Arkansas Drivers License or I.D. Card.
3. A "Certificate Of Training" page from the Concealed Handgun Instructor if your license has been lost, stolen or destroyed.
4. A check or money order for \$15.00 payable to the "Arkansas State Police".
5. Send certified mail, return receipt requested to; Arkansas State Police, Regulatory Services Section, Concealed Handguns, 1 State Police Plaza Drive, Little Rock, AR 72209

AFTER RECEIVING YOUR LICENSE

1. Check your license **immediately** for errors and notify us if any are found. We **cannot** be responsible for errors after thirty (30) days from issuance of a new license.
2. **Immediately** sign your license.
3. We strongly suggest you laminate your license because it may fade, smear or stick to other items when exposed to heat, cold or water.